

Edinburgh Alcohol and Drug Partnership Commissioning Plan for Treatment and Recovery

Policy and Strategy Committee

24 January 2012

1. Purpose of report

- 1.1 This report sets out the changes, which have been made to the draft Edinburgh Alcohol and Drug Partnership Commissioning Plan: Commissioning For Recovery 2012-15, following the formal consultation exercise.

2. Summary

- 2.1 Following the approval at the Policy and Strategy Committee in July 2011, a 3 month period of consultation on the Commissioning Plan took place between 25 July and 21 October 2011.
- 2.2 A consultation plan was developed and overseen by a Checkpoint Group. This group has confirmed that the consultation plan was implemented effectively and the agreed process for consultation was followed. The group has also verified that the final version of the plan reflects key feedback from the consultation exercise.
- 2.3 The majority of respondents agreed to all of the eleven questions with the exception of one relating to a reduction in the number of service providers. Consequently, the majority of the changes to the Commissioning Plan are to clarify the concepts within the plan and further explain how they will be taken forward. The following changes have been made to the plan:
 - The intention to reduce the number of contracts for the delivery of substance misuse services has been changed to set out the process for identifying an appropriate number of contracts given the level of investment and system of care being developed.
 - The intention to set up panels to coordinate the social care and medical needs of people requiring community detox and / or

residential services has been changed; instead the plan will set out a process for an outcome led approach for service providers to improve coordination.

The Plan sets out the commissioning intentions of the City of Edinburgh Council and NHS Lothian; consequently the Plan will require sign-off by NHS Lothian through the CHP Sub-Committee . The proposed date for this is 1 February 2012.

3. Main report

3.1 Edinburgh Alcohol and Drug Partnership (EADP) Commissioning Plan: Commissioning for Recovery 2012-15

3.1.1 The plan sets out the EADP's intentions and the principles on which the commissioning of services will be based to increase the number of people in sustained recovery.

3.1.2 Current investment in alcohol and drug treatment and support services totals over £18 million per annum, from the following sources:

- the City of Edinburgh Council
- NHS Lothian
- ring-fenced Scottish Government Budget allocated to EADP

This investment is currently overseen by the EADP Joint Commissioning Group, which includes representation from the relevant budget holders.

3.1.3 The new service design draws together the drivers for change, population needs assessment and the evidence base for recovery, to develop a new system of care. The system is designed to achieve the high level outcome in the EADP strategy to increase the number of people in sustained recovery.

3.1.4 The model is made up of 3 key elements:

- single means of access
- coordinated care
- strong recovery-focused communities

This model requires co-located services and integrated health, social care and voluntary sector teams to provide assessments and deliver services.

3.1.5 The full plan is set out at Appendix 1.

3.2 The Consultation Process

3.2.1 The Commissioning Plan was subject to a three month consultation between 22 August and 21 October 2011. A communication plan was developed and overseen by the Check Point Group to ensure the draft Commissioning Plan reached key audiences. The group was chaired by the National Drugs Advisor for the Scottish Government. The role

and membership of the group is set out at Appendix 2. The Check Point Group agreed the consultation plan and met regularly during the consultation period. It agreed amendments to the consultation plan, such as additional briefings and changes to the means of engagement and consultation with key groups. Finally, the group has verified that the consultation plan was implemented and that the final version of the plan reflects the feedback from the consultation exercise.

3.2.2 The three ways of responding to the consultation exercise for the draft commissioning plan are outlined in the table below:

Means of response	Number of responses	Number of comments
Online / written survey	106	649
Service user focus group	33	330 ¹
Other submissions	7	7 ²
Total	146	986

3.2.3 The survey responses included 22 submissions on behalf of organisations; these organisations reported that they represent 1,505 individuals. The remainder were submitted by individuals – although one response was submitted on behalf of 9 carers. 97% of the survey responses were completed on line using the Council's JADU survey tool. The remainder were received by email or free post.

3.2.4 The Scottish Drugs Forum was commissioned to carry out focus groups on the draft Commissioning Plan with existing service users. Six focus groups took place in October 2011, attended by 33 service users. The focus groups followed the format of the survey questionnaire. A transcript of each focus group was produced and key themes were identified and reported to the EADP by the Scottish Drugs Forum.

3.2.5 Findings from the focus groups are not representative of the views of the entire treatment population. A separate consultation exercise was carried out with 249 service users in order to improve understanding of how well existing services meet need. Findings from this exercise were used to inform the development the Commissioning Plan, providing a more balanced understanding of the views of service users.

3.2.6 In addition, seven general comments on the plan were received by post or email. These were from a mix of individuals, organisations and other interested groups.

3.3 Analysis of the Feedback

¹ This is an estimate based on comments made against the ten questions asked within the focus groups.

² These submissions were comments on the plan in general and these comments may span a number of areas within the plan. However each submission has been counted as one comment.

- 3.3.1 A table summarising the responses from the survey is set out at Appendix 3. The majority of respondents agreed with ten out of the eleven questions posed. However, even where a majority of respondents agreed with a proposal, others disagreed. There were useful comments on enhancing the proposals and the potential risks of implementation in some areas. Account has been taken of these views and comments in the changes to the Commissioning Plan.
- 3.3.2 Views were more mixed when respondents were asked about the proposal to reduce the number of organisations delivering alcohol and drug treatment and support to improve care coordination. There was also useful feedback on the proposal to set up panels for those requiring community detox or residential services. As a result, changes will be made to these elements of the plan.
- 3.3.3 Comments on the EADP Commissioning Plan from the survey and the other submissions have been grouped to identify themes. These themes have been used to develop and, where required, change the Commissioning Plan.

3.4 Changes to the Commissioning Plan

- 3.4.1 A number of important areas of the plan have been amended and clarified to reflect comments and feedback during the consultation process. This includes clarification on the following:
- The definition of recovery as a journey with a number of milestones or destinations. Sustained recovery is the achievement of these milestones over a sustained period.
 - How the EADP will implement outcome commissioning without excluding the most vulnerable individuals from services.
 - How other work-streams are contributing to the development of services for people with alcohol and drug problems, particularly where these developments are pan-Lothian.
 - The difference between “care coordination” and “case management” and how each will be delivered across Edinburgh.
- 3.4.2 The plan has been changed in response to the consultation in the following ways:
- The plan will not longer set out an intention to reduce the number of contracts for substance misuse services. Instead, it will set out the process to identify an appropriate number of contracts, given the size of the investment and the system of care required.
 - The plan will not set out an intention to establish multi-agency panels for those requiring community detox or residential services.

Instead, it will set out a process for the key organisations involved to develop an improved pathway for this group, which ensures the coordination of both medical and social care support.

4 Financial Implications

- 4.1 The investment in this system of care will be met within the existing resources.

5 Environmental Impact

- 5.1 The plan will contribute to healthier and safer lives for individuals, families and communities.

6 Equalities Impact

- 6.1 The plan has undergone a full equalities impact assessment, which is available at http://www.edinburgh.gov.uk/downloads/download/526/equality_impact_assessment. The recommendations set out below have been incorporated into the plan:

- Transitional arrangements are developed for children / young people with problem alcohol / drug use in partnership with Children and Families.
- The drop-in approach should be well advertised and consider alternative means of access to ensure access for all.
- Approaches to support people to achieve sustained recovery need to include religious and cultural issues.
- Recovery needs to apply to individuals, carers, kinship carers of children, families, friends and others concerned with the wellbeing of the service user and their dependants.
- Services will need to provide culturally appropriate support to people who have a diverse range of needs in their recovery journey.
- Services should continue to be appropriately resourced to address both alcohol and drug use.
- Arrangements are in place to ensure separate access for people with alcohol problems.

7 Conclusions

- 7.1 The proposals put forward in the revised plan will result in significant changes to the way in which services are commissioned and how support is provided to people in Edinburgh. The changes are designed to increase the number of people in sustained recovery from problem alcohol and drug use. Services will be commissioned, which:

- provide a single means of access to treatment
- provide coordinated care

- have strong links to communities, which support recovery

8 Recommendations

It is recommended that the Policy and Strategy Committee:

- a) agrees the Edinburgh Alcohol and Drug Partnership Commissioning Plan: Commissioning for Recovery 2012-15, set out at Appendix 1;
- b) notes that the Edinburgh Alcohol and Drug Partnership will develop a detailed Procurement Plan for agreement at Policy and Strategy Committee in July 2012.

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Appendices	Appendix 1: The Edinburgh Alcohol and Drug Partnership Commissioning Plan: Commissioning for Recovery 2012-15 Appendix 2: Results from the Consultation Survey
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Wards affected	All

The EADP Commissioning Plan: Commissioning for Recovery 2012-15



EADP Commissioning Plan

**Commissioning for Recovery from Problem
Alcohol and Drug Use
2012 - 2015**

Contents Page

- 1. Introduction**
- 2. Vision Statement**
- 3. Strategic Context**
- 4. Resources**
- 5. Measuring Progress**
- 6. Understanding of Local Need**
- 7. Summary of Existing Service Provision**
- 8. Gap Analysis**
- 9. Service Provision – Improvements**
- 10. Strategic Commissioning Intentions**

1. Introduction

This plan proposes outcomes and priorities for people over the age of 18 with problem alcohol and drug use. A separate plan will be developed setting out commissioning intentions to support those under the age of 18 to address their problem alcohol and drug use.

Q: What is the purpose of the EADP commissioning plan?

A: The plan describes the principles, priorities and outcomes for services to support **more people to achieve a sustained recovery from problem alcohol and drug use**. It sets the framework for the future planning of alcohol and drug services.

Organisations involved in commissioning these services include the City of Edinburgh Council, Capital City Partnership, NHS Lothian and Lothian and Borders Police. These organisations form a subgroup of EADP and are responsible for taking forward this commissioning plan

Q: What is Commissioning?

A: A good definition of commissioning is:

“the term used for all the activities involved in assessing and forecasting needs, agreeing desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these into place.”

Commissioning is a specialist activity undertaken by those people who are required to make decisions about investments in services. For adult treatment and recovery services in Edinburgh this is managed by the EADP Joint Commissioning Group which reports directly to the EADP Executive Group and into the Edinburgh Partnership.

The commissioning model below in Figure 1 has been taken from the Social Work Inspection Agency's (SWIA) 'Guide to Strategic Commissioning' (2009). The EADP will use this cycle to plan and develop services.

Figure 1: Commissioning Cycle and Key Activities



Q: What difference will the commissioning plan make to current service delivery?

A: The commissioning plan sets out how EADP will improve outcomes for service users by developing a recovery oriented system of care and increasing the **efficiency** and **effectiveness** of services across Edinburgh.

It is important to acknowledge that many professionals and services are already providing a high level of recovery-focused care and treatment. However, the current network of services in Edinburgh is complex and based on a model of care that does not fully support recovery. There are improvements identified by service users, commissioners and service providers that need to be made to the system to improve outcomes for service users.

Q: Which service users will be affected by the changes in the EADP commissioning plan?

A: The main people who will benefit from the improvements that will be made through this commissioning plan are people who are over the age of 18 who have alcohol and/or drug problems and who live in the City of Edinburgh. There will also be significant benefits for their children, carers, other family members and communities.

2. Vision Statement

- 2.1 Our vision is that **more people achieve sustained recovery from problem alcohol and drug use.**
- 2.2 EADP has used the Scottish Government’s definition of recovery in its strategy as “a process through which an individual is enabled to move on from their problem alcohol/drug use, towards an alcohol/drug-free life as an active and contributing member of society.”
- 2.3 Recovery is a process or a journey. It is not an end destination. There are a number of milestones or destinations for recovery journeys and it may be that not all journeys will end in abstinence.
- 2.4 Recovery journeys often include relapse. However relapse is seen as an opportunity for individuals and those supporting them to better understand the path of their recovery journey and how to achieve their recovery goals.
- 2.5 Sustained recovery is the ability to maintain progress over a given time period, ideally for life.
- 2.6 While all recovery journeys are different the following principles underpin the approach to recovery³.
- There are many pathways to recovery
 - Recovery is self directing and empowering
 - Recovery involves a personal recognition of the need for change and transformation
 - Recovery is holistic
 - Recovery has religious and cultural dimensions
 - Recovery exists on continuum of improved health and wellbeing
 - Recovery emerges from a process of healing and self-redefinition
 - Recovery involves addressing discrimination and transcending shame and stigma
 - Recovery is supported by peers and allies
 - Recovery involves rejoining and rebuilding a life in the community
 - Recovery is a reality
- 2.7 Recovery is defined in the context of people’s lives and therefore applies to individuals, their carers and families (including kinship carers) and communities.

³ The Centre for Substance Abuse Treatment

3. Strategic Context

- 3.1 Edinburgh Alcohol and Drug Partnership launched its citywide strategy to address the impact that alcohol and drug use has on individuals, families and communities in February 2011. The vision outlined in the strategy is that **Edinburgh promotes a healthy and responsible attitude to alcohol and is a city where recovery from problem alcohol and drug use is a reality**. This is supported by three high level outcomes:

EADP Strategy High Level Outcomes
Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs
Individuals and communities affected by alcohol and drugs are safer
More people achieve a sustained recovery from problem alcohol and drug use

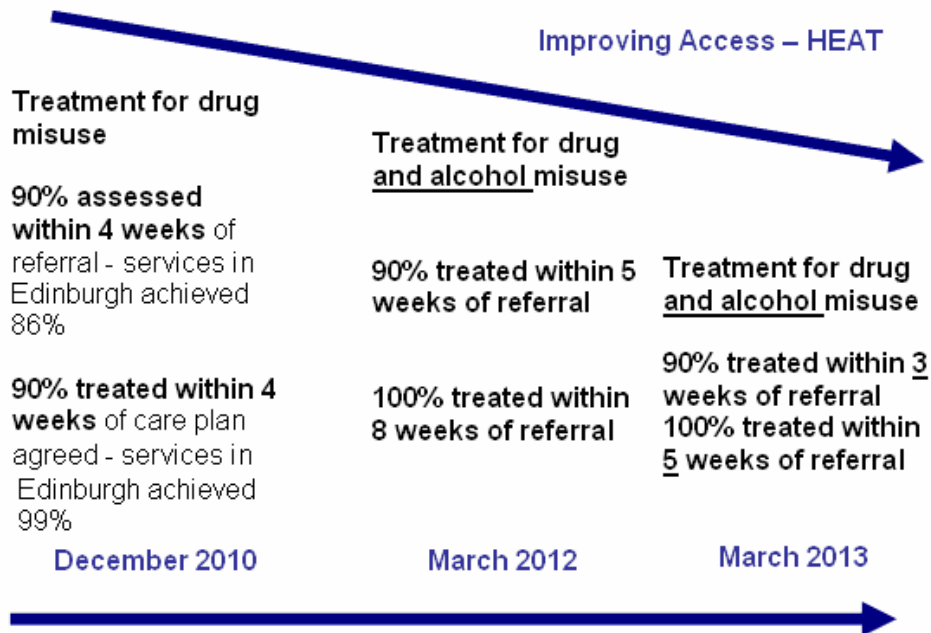
- 3.2 The strategy reflects the two national strategies to address alcohol and drugs:
- **Road to Recovery: A New Approach to Tackling Scotland's Drug Problem** (2008)⁴
 - **Changing Scotland's Relationship with Alcohol: A Framework for Action** (2009)⁵.
- 3.3 *Road to Recovery* sets out a shift in treatment policy, making recovery the central part of all aspects of treatment and support for those with drug problems. This includes affecting cultural change within treatment and other services used by those with alcohol / drug problems, to raise the aspirations of service users to move towards a more stable lifestyle as a contributing member of society.
- 3.4 The strategy also places significant emphasis on reducing the impact that parental drug and alcohol use has on children. It prioritises intervening as early as possible to prevent harm and identifying and responding more fully to the needs of these children.
- 3.5 *Changing Scotland's Relationship with Alcohol* sets out a whole population approach to reducing alcohol related problems. The main objective of the strategy is to reduce alcohol consumption across the

⁴ Scottish Government (2008) Road to Recovery: A New Approach to Tackling Scotland's Drug Problem <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

⁵ Scottish Government (2009) Changing Scotland's Relationship with Alcohol: A Framework for Action available at <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

population; this will in turn reduce the number of alcohol related problems. The strategy sets out a focus on prevention as well as recovery. Evidence suggests that the most effective alcohol policies to reduce consumption are controls on price and availability, drink driving laws and brief interventions (WHO 2005).

- 3.6 **Improving access to alcohol / drug treatment and support** is a priority for Scottish Government and there is a challenging target which all services need to achieve over a three year period set out below.



- 3.7 The EADP commissioning plan shares the following principles with the City of Edinburgh Council's Commissioning Strategy for Care and Support 2011-2016.

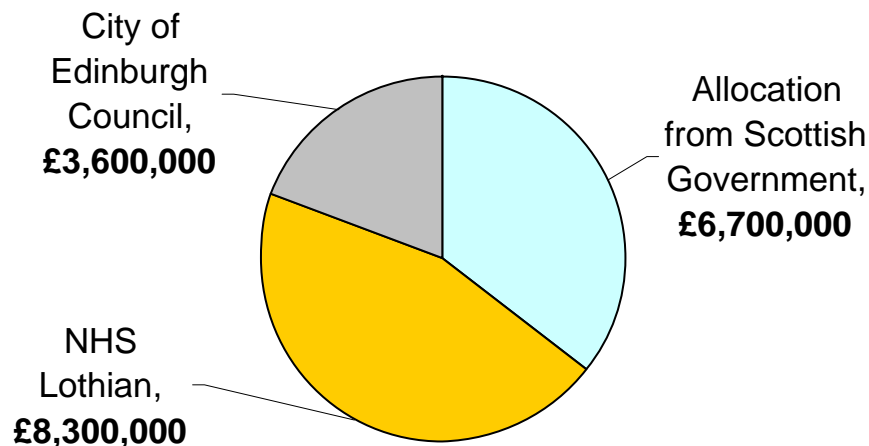
- Services to be outcomes focussed, personalised and offer choice
- Self Management and the promotion of well-being, independence, recovery and living and dying well
- Carers will be supported as equal partners in the provision of care
- **Consultation and engagement**
- Equality and equity of access
- Best Value Framework for all services, which ensures value for money and quality services for service users
- Supporting and engaging providers/market stimulation
- Assessment of benefit and risk in service redesign
- Promoting community benefit and sustainability

The EADP intends to place a particular focus on **consultation and engagement** with service users and their carers in the design and development of services.

4. Resources

4.1 The main funders of alcohol / drug treatment and support services are NHS Lothian and the City of Edinburgh Council (CEC). In addition to this, a ring-fenced Scottish Government Funding is allocated to Edinburgh to be spent in partnership through EADP. Decisions over investments are made in partnership through the EADP Joint Commissioning Group.

4.2 Over £18 million was spent in Edinburgh in 2010/11 directly on treating and supporting people with problem alcohol / drug use. The following pie chart summarises the allocation from the main sources:



4.3 This funding can be broken down to demonstrate how this funding is used.

- About **£4 million** is spent on services provided by 3rd sector organisations like ELCA, NEDAC, Simpson House and Circle Harbour
- Almost **£6 million** is spent on NHS alcohol / drug services including the Ritson Clinic, Locality Clinics, the Community Drug Problem Service (CDPS) and the Alcohol Problem Service (APS), LEAP, and the Harm Reduction team. (The Ritson Clinic, LEAP and the Harm Reduction Team are Lothian-wide services.)
- About **£2.4 million** is spent every year on substitute prescribing. This is just the cost of the drugs and payments to pharmacies for supervision.
- About **£840,000** is paid to GPs to provide an enhanced service for people with drug misuse.
- **£4.5 million** is spent on services provided by City of Edinburgh Council. This includes the DTTO Team and the Drug and Alcohol Referral Teams

5. Measuring Progress

- 5.1 The main challenge within this commissioning plan is to meet the demand for services within the future resources that are available. Addressing alcohol and drug use remains a national priority and this has been reflected in unprecedented levels of investment over the previous five years. However it is accepted that all public sector organisations will continue to be under severe budget pressures over the coming five years or longer and this will impact on services for people in recovery. Existing services will need to become more efficient and more effective in helping people for the sector to meet the demand.
- 5.2 Fewer jobs and lower incomes, welfare reform to the benefits system and a shortage of affordable housing choices in the city will present a clear challenge to support people to move into sustained recovery. Innovative and new approaches will need to be developed as will closer and more integrated arrangements for the commissioning and delivery of services.
- 5.3 Within this context the local and national policy sets out a shift from an approach built on the principles of harm reduction, to one which places a greater focus on the principles of recovery journeys. This will require a shift in ways of working, levels of service provision, the relationship between service providers and planners, and service users.
- 5.4 The following indicators will provide an overall measure of the impact of the Commissioning Plan:
- 5.5 The supporting indicators of the EADP commissioning plan are:
- 1. More people will access treatment services so that at least 50% of people with drug problems will be in treatment and at least 20% of people with alcohol problems will be in treatment.*
- 5.6 Previous studies have shown that at any given time, the number of people who need treatment greatly exceeds the number who actually access treatment. This applies to both alcohol and drug services.
- 5.7 There are Currently 20,400 dependent drinkers in Edinburgh⁶. In North America a “low” level of access is considered to be 10% or one in ten people in need accessing treatment. Fifteen percent is considered to be a “medium” level of access, and 20% a “high” level of access (Rush, 1990)⁷ and EADP’s intention is that 20% or 4,800 should be in treatment.
- 5.8 Alongside this there are 5,300 problem drug users⁸. Good practice from the National Treatment Agency in England and the SACDM report in

⁶ Estimate based on the Scottish Alcohol Needs Assessment (2009)

⁷ Rush, B. (1990) A systems approach to estimating the required capacity of alcohol treatment services. *British Journal of Addiction*, 85: 49-59

⁸ ISD (2011) Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2009/10

Scotland (backed up by the National Treatment Agency in England) which suggests that 50% of this population to be in treatment.

- 5.9 The EADP needs assessment 2010 suggests that 6.2% of dependent drinkers and 34.4% of problems drug users are in treatment. It is important to note that this figure does not include drug users who are receiving drug treatment from their GP and have no contact with other services.
- 5.10 EADP is committed to developing a more effective means of measuring progress against this indicator. The system of care will need to ensure that there is good access to the range of drug services on offer for people who are receiving treatment with their GP. EADP will also support organisations to carry out effective Equality Impact Assessments to ensure that people with problematic use do not experience barriers to accessing treatment.
2. *More people sustain their recovery goals while in contact with treatment services.*
 3. *More people report sustaining their recovery after leaving specialist treatment services.*
- 5.11 EADP is committed to developing a baseline for the Supporting Indicators in the initial year of this Commissioning Plan.
- 5.12 In the past success measures for alcohol and drug treatment services have tended to focus largely on outputs, such as waiting times, or numbers in treatment. To reflect the changes made to measuring success in other areas of care, EADP intends to move towards commissioning services on an outcome based approach. This means that services will be evaluated against the outcomes that they achieve with service users.
- 5.13 Commissioning services on an outcome basis will mean that there will be less emphasis on prescriptive service standards in commissioning and more focus on measuring the effectiveness of positive changes in people's lives.
- 5.14 EADP recognises that without effective safeguards this may lead to some clients / patients being excluded from services; this may be because they are viewed as less likely to achieve outcomes and therefore less desirable to service providers. As a result EADP intends to set clear target groups for services so that access for clients with more a range of needs is monitored. Alongside this realistic expectations will be set for numbers of people achieving outcomes based on the target group of the service. This will be done by looking to other ADP areas which have been commissioning outcomes over a longer period as well as the evidence base.

5.15 In the initial year of this strategy EADP will look to identify the target groups, outcomes and expected levels of performance for services. It will not look to evaluate performance using outcome data. After this time EADP will then look to commission outcomes in areas where further innovation is required to solve identified problems with service delivery.

5.16 As a result of this move towards commissioning outcomes. There will be a shift in the level of responsibility put on providers for service design. It is widely acknowledged that innovative solutions to addressing social care problems are more widely seen within front line provision rather than amongst commissioners. As a result EADP intends to move to a position where commissioners and providers have the following responsibilities:

Commissioners – have the responsibility to design the system of care, the target groups it will serve and the outcomes and outputs required. Commissioners must involve service users in the system design. Commissioners will then need to monitor the delivery of services within the system of care, as well as the effectiveness of the system as a whole and will involve services users in this process as appropriate.

Providers – have the responsibility to design the set of services required to deliver the outcomes and outputs for the given target group set by the commissioners. Providers must involve service users in the design of services.

5.17 It is proposed that following outcomes will be applied to help measure the positive effect and achievements that services deliver with service users. These outcomes will be used to measure milestones / destinations in terms of sustained recovery.

- A reduction in risk taking behaviour related to overdose and blood borne viruses
- A reduction in criminal activity including re-offending
- Improved mental and physical health, and well-being
- The capacity to be a caring and effective parent
- The controlled use of drugs or alcohol
- Abstinence from drugs or alcohol
- Improved relationships with family members, partners and friends
- Sustained employment activity including training / volunteering
- Ability to access and sustain appropriate settled accommodation
- Ability to maintain a broader social network with those in recovery

5.18 EADP will look to identify tools to measure the achievement of outcomes. Tools will need to be validated for use with the client group and will need to consider the client / patient's and professional's perspective on progress. This will include tools such as:

- TOPS
- Core
- Christo, amongst others.

5.19 Understanding of Local Need

5.20 Predicting future need is a less exact science than commissioners and service providers would wish. It typically uses a combination of population projections and local information on presenting need to create a profile. This section sets out a summary of the alcohol / drug related need within Edinburgh as identified by needs assessment reports. Much of the findings are from the EADP Needs Assessment 2010 (available at www.edinburghadp.org.uk).

5.21 **Prevalence** - it is estimated that there here are 22,400 people in Edinburgh with dependent drinking. Alongside this there are 5,300 people with problem drug use (using heroin and / or benzodiazepines only).

5.22 Of those who reported heroin use in Scotland in 2008/09, 52% reported using through injecting while Edinburgh had a 45% injecting rate. Among the “new” individuals attending drug services in Scotland in 2008/09, 10% reported sharing needles. Edinburgh had a smaller proportion than the national average at 9%.

5.23 64% of individuals reporting heroin use in Edinburgh were under the age of 25. This is higher than the Scottish average of 51%. The male to female gender ratio in Edinburgh is 60:40 across all services. This is similar to national norms (67:33 alcohol and 70:30 drugs).

5.24 Edinburgh has experienced a 33% increase in alcohol-related acute hospital admissions between 1999 and 2007. This rate is higher than Scotland, Glasgow, Aberdeen and Dundee. Conversely, the rate of psychiatric inpatient discharges with and alcohol-related diagnosis reduced by 32% between 2004 and 2007.

5.25 **Children Affected by Parental Substance Use** - the rate of drug related maternities in Edinburgh is reported as almost twice the national average. This is issue of concern and EADP commissions a specialist service that brings together maternity services, health visiting and alcohol and drug treatment. This issue remains a significant problem; however there is consensus amongst professionals that Edinburgh has a longer history of reporting these maternities than comparative areas. Around a third of drug and alcohol users in contact with services in Edinburgh have at least one dependent child.

5.26 **Other Related Issues** -

- About half of service users are thought to have mental health problems of varying degrees of severity.
- About 15% of service users are employed, in contrast to 77% employment in Edinburgh generally.

6. Summary of Existing Service Provision

6.1 Services for people with alcohol and drug problems are currently commissioned against the Four Tiers Model as identified in the National Treatment Agency document Models of Care (2006)⁹. This model outlines the interventions that it is best practice to commission and provide in each local area, the range of settings in which these are normally provided and the competence or level of treatment skills and training which is normally required. It does this against a tiered model of delivery outlined below.

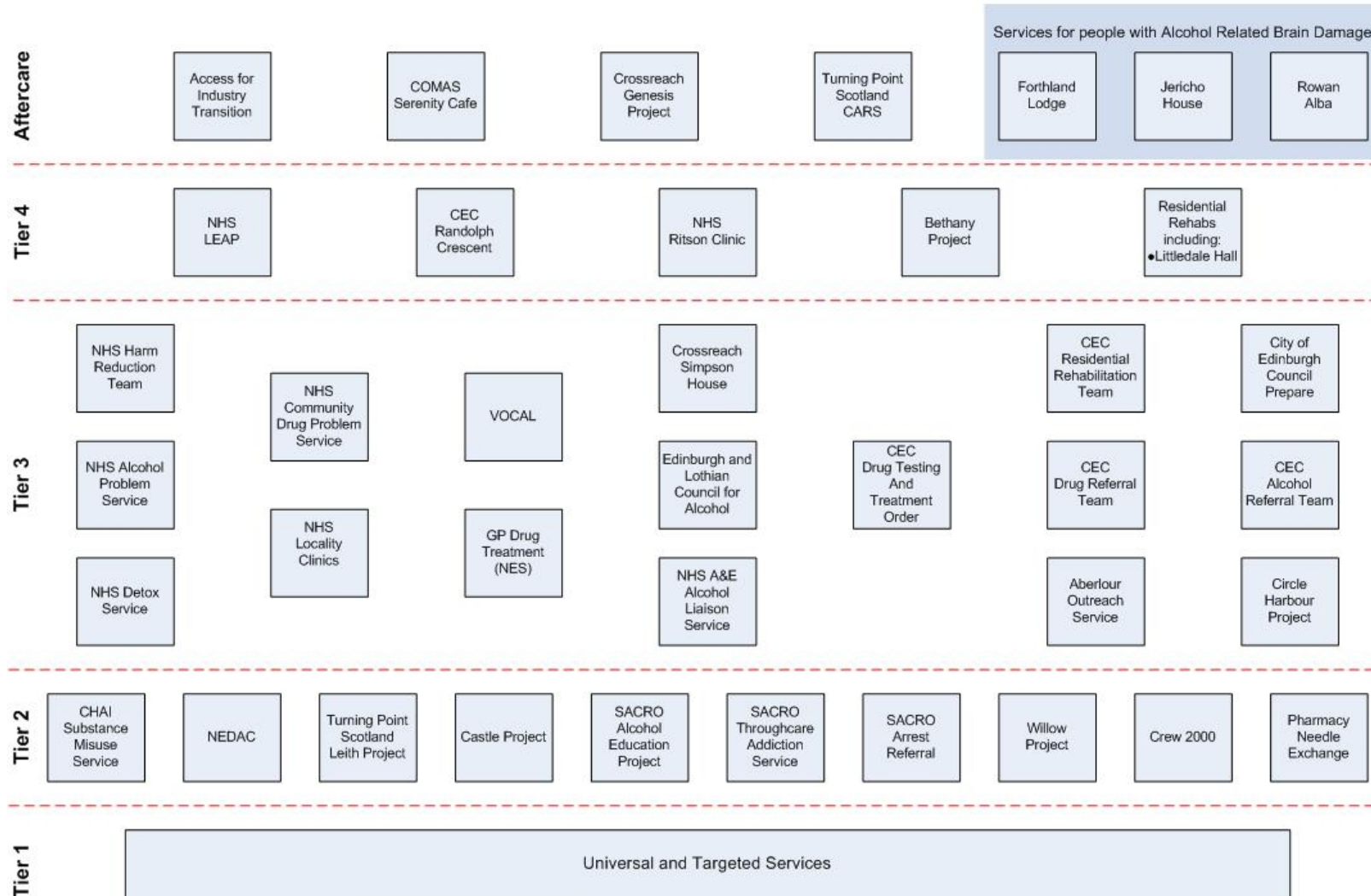
<p>Tier 4 – Residential treatment and support services</p> <p>Interventions include provision of residential specialised alcohol / drug treatment, which is care planned and care coordinated Settings include dedicated inpatient or residential alcohol / drug units or wards; Residential rehabilitation units.</p>
<p>Tier 3 – Community based care planned treatment and support services</p> <p>Interventions include provision of community-based specialised alcohol / drug assessment and co-ordinated care planned treatment, specialist liaison and pharmacological interventions. Settings include specialist drug services including outreach services Tier 3 interventions may be delivered alongside Tier 2 interventions. This work may be based in primary care settings (shared care schemes and GP-led prescribing services).</p>
<p>Tier 2 – Low threshold access services</p> <p>Interventions include provision of alcohol / drug-related information and advice, triage assessment, referral to structured alcohol / drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare. Settings include specialist alcohol / drug services including outreach services. Tier 2 services do not need to be provided separately from tier 3 services.</p>
<p>Tier 1 – Universal services</p> <p>Interventions include provision of alcohol / drug-related information and advice, screening and referral to specialised drug treatment. Settings would include general healthcare settings (e.g. liver units, antenatal wards, Accident and Emergency and pharmacies), or social care, education or criminal justice settings (probation, courts, prison reception) where the main focus is not alcohol / drug treatment.</p>

6.2 Provision in Edinburgh is summarised in Figure 2. There are currently sixteen separate commissioned organisations involved in the delivery of treatment and support to people with problem alcohol and drug use in Edinburgh¹⁰.

⁹ NTA (2006) Models of care for treatment of adult drug misusers: Update 2006
<http://www.nta.nhs.uk/publications.aspx>

¹⁰ This figure does not include privately funded organisations or self help groups such as AA, NA or Smart Recovery as these are not commissioned by EADP.

Figure 2: Current Specialist Alcohol and Drug Services commissioned by the EADP



- 6.3 It is important to note that the services currently offered in Edinburgh have well-established systems of care linked to the evidence based good practice. Edinburgh is recognised as having developed a comprehensive range of services for people with alcohol / drug problems. As a whole, the system offers a broad range of services including:
- Needle exchange
 - A range of psychosocial interventions in line with the evidence base including brief interventions, cognitive behavioural therapy, case management, person centred counselling
 - Day care programmes
 - Assessment and referral to residential rehabilitation
 - Substitute medication assisted treatment (methadone / buprenorphine prescribing), including community detox
 - Residential detoxification
 - Specialist employability services
 - Specialist housing services
 - Specialist family services
 - Support services for carers
 - Specialist services for people with Alcohol Related Brain Damage (ARBD)

EADP does not intend to reduce the level of access or current range services available in Edinburgh.

Further information is available on services in Edinburgh at www.edinburghadp.org.uk

- 6.4 Alongside this the 2010 Needs Assessment identified that generally service users felt positively about the services which they were accessing. Service users felt safe and comfortable when they attended services, and that they were responsive to their changing needs. The great majority of service users said that services had helped them to improve their situation.
- 6.5 However within this context the system of care was developed to meet the needs of a population of injecting drug users at a time of an HIV epidemic within this population. Over time services developed to meet need as it arose and there are many examples of where Edinburgh has developed rapid and effective responses to severe and complex alcohol and drug related problems which focus on people's recovery.
- 6.6 While developments have generally been positive Figure 2 demonstrates that there are 32 services providing structured alcohol / drug treatment and support to people moving from problematic alcohol / drug use into recovery. This equates to 30 separate ways of accessing the treatment and recovery system. This has led some providers and commissioners to question whether people receive the right services at the right time.
- 6.7 Through a staff consultation in the EADP Needs Assessment (2010), it was noted that Edinburgh has a reasonable range of services at its disposal. Concerns were raised as to whether these were being used most appropriately or effectively and whether the types of service that

have served the city in the past can adapt to the future needs. It is in this context that the Commissioning Plan is looking to develop an effective recovery oriented system of care.

- 6.8 **Primary Care** - There are 87 practices in Lothian (70% of all practices) that are involved in the management of treatment and care for people with alcohol and drug problems through and National Enhance Service (NES) agreement with NHS Lothian. This represents a significant number
- 6.9 In September 2010 there were over 4,000 people across Lothian receiving enhanced support from their GP for their drug misuse. This represents a significant proportion of the people in drug treatment in Edinburgh.
- 6.10 GPs play a key role in treatment both as the coordinator of primary and secondary health care needs. This is both within their role as a GP and a GP who works to the NES to provide drug treatment. This role remains central to the work to support people on their recovery journey.
- 6.11 **Workforce** - The EADP Needs Assessment 2010 identified that nurses make up the largest professional group (57.411) in drug and alcohol services in Edinburgh. There are also high numbers of voluntary counsellors (31), key workers (29), social workers (18.2), support workers (16 WTE) and managers (16.2).
- 6.12 It is recognised that a huge number of other professionals and volunteers play a key role in supporting people on their recovery journey. This includes GPs (including those who are not currently involved in the NES for Drug Treatment, Housing Support Staff, Employability Services, Children and Families Social Workers amongst many others.
- 6.13 The 2010 needs assessment did not evaluate the skills and knowledge base of the workforce. EADP intends to develop a workforce development strategy to support the development of this Commissioning Plan.
- 6.14 **Work streams** – There are a number of workstreams that are delivering on behalf of the EADP which require concerted partnership working. These are set out in the table below:

¹¹ Numbers of staff are written in whole time equivalents

Area of Work	Working Group / Lead	Further work
Mental health / alcohol & drug problems	Commitment 13 Subgroup	Action plan to be implemented by March 2012
Children and their families affected by parental alcohol & drug use	EADP Children, Young People and Families Subgroup	Commissioning Plan for services for Children and Young People to be developed by March 2012
Service User Involvement	EADP Service User Forum alongside a number of other Service User Forums linked to services	Service User Involvement Strategy to be developed in 2012.
Prevention of Homelessness	Services For Communities: Commissioning Plan for Advice Support and Accommodation Services to prevention Homelessness.	Joint review of services identified within both this Commissioning Plan and Services for Communities Commissioning Plan.
Waiting times for alcohol and drug treatment	Drug Care Partnership	Actions required achieving the three week referral to treatment start target by March 2013.

7. Gap Analysis

7.1 This section identifies the gaps in the current system of care when matched to the identified need, evidence base and policy drivers for supporting people to achieve sustained recovery from problem alcohol / drug use. In summary the gaps are as follows:

- Existing capacity does not meet the demand on treatment and recovery services.
- People receive different types and levels of service provision depending on where or how they access the system of care, despite similar levels of need.
- Linkages between treatment and support services and other services that enhance recovery are not always strong
- There is not equity of access to psychosocial interventions that support people to detox, to change behaviours and move on from problem alcohol and drug use.
- There does not appear to be a common approach to recovery across professionals working with people with problem alcohol and drug use.
- Service users are not consistently involved in the design, development and delivery of services.

7.2 The evidence of the gaps in service provision are summarised below.

Gap 1:

Existing capacity does not meet the demand on treatment and recovery services

Evidence:

- It is estimated that there here are 22,800 people in Edinburgh with dependent drinking; 6.2% are currently in treatment. There is a significant gap in levels of provision and need as good practice suggests that this should be a rate of 20%.
- Alongside this there are 5,202 people with problem drug use (using heroin and / or benzodiazepines only); 34.4% are currently in treatment. Good practice suggests that this should be a rate of 50%.

Gap 2:

People receive different types and levels of services depending on the where or how they access services. This does not appear to be wholly dependent on the needs of the person presenting for support.

Evidence:

- There are 30 means of accessing treatment and support
- The EADP Needs Assessment (2010) identified that the range and quality of psychosocial services are not consistent across the city.
- Professionals report different ways or levels of integrated / joint working around Locality Clinics. These do not appear to be based on locally

identified need.

- There needs to be a clear and well publicised pathway in place for people to access residential detoxification and rehabilitation. This should include criteria for access as well as support pathways post discharge. (Recommendation from EADP Needs Assessment 2010)
- Access to residential rehabilitation and detox services is perceived to be low and clarity is required on access to these services.

Gap 3:

Linkages between treatment services and other services that enhance recovery are not always strong

Evidence:

- There appears to be a gap in the links between drug/alcohol treatment and recovery services and those supporting people to access employment. (EADP Needs Assessment 2010)
- The majority of respondents to staff surveys felt that joint working and information sharing could be improved between alcohol / drug services and homelessness services. (EADP Homeless Needs Assessment (2011))
- Edinburgh has not yet completed implementing the recommendations from the Commitment 13 report on improving responses to dual diagnosis (mental health and alcohol/drug use problems)
- The capacity of specialist family services is low. Alongside this the delivery of interventions to improve parenting by specialist alcohol and drug services is inconsistent across the city (EADP Needs Assessment 2010).
- Few people accessing treatment reported accessing AA or NA to help support their recovery (EADP Needs Assessment

Gap 4:

There is not equity of access to psychosocial interventions that support people to detox, to change behaviours and move on from problem alcohol and drug use.

Evidence:

There is a need to ensure that a full range of evidence based interventions is available to meet the identified needs of alcohol and drug dependent people across the city. Greater emphasis needs to be placed on the development of psychological and psychosocial interventions such as structured counselling, cognitive behavioural therapy and social skills training. (Recommendation from the EADP Needs Assessment 2010)

Gap 5:

There does not appear to be a common understanding of recovery across professionals working within and outside of alcohol and drug services in Edinburgh.

Evidence:

It was felt by many stakeholders that the concept of recovery may well be known to senior staff involved in commissioning and planning but that these needed to be clarified to all staff working in services. (EADP Needs Assessment 2010)

Gap 6:

Service users are not consistently involved in the design, development and delivery of services.

Evidence:

The following has been taken from the EADP Needs Assessment 2010 which included a consultation with 249 service users.

- Service users did not feel strongly that they were involved in the way in which services were run. Furthermore, service users did not feel that their family, partner or carer was involved in planning their care
- The planning and development of services should be built around the ambitions of service users and their families within a recovery-orientated system of care. (Recommendation from EADP Needs Assessment 2010)

8. Service Provision – Improvements

- 8.1 Existing services have worked well to achieve important outcomes for people with alcohol and drug problems. This includes significantly reducing the number of people at risk of contracting Blood Borne Viruses such as HIV / Hepatitis C, reductions in drug/alcohol related crime, improvements in health and wellbeing and quality of life. However challenges still remain. The national and local policy direction to focus on recovery requires change in the way that services are delivered.
- 8.2 The improvements below are for services for adults who experience problem alcohol and drug use. Transitional arrangements for those under the age of 18 who have alcohol and drug problems will need to be developed between adult substance misuse services and young people's services.
- 8.3 This section of the Commissioning Plan identifies areas where we can build on successes by improving service delivery.

Ensuring people receive the right services at the right time

- 8.4 As has been noted EADP is working with services to reduce waiting times for treatment and support services, so that by 1st April 2013 no one will wait longer than 3 weeks between referral and treatment start. This presents a significant challenge within the current system of care. As services maintain their own waiting lists, peaks in demand for particular organisations can have significant impact on when people can access services.
- 8.5 Consequently EADP is proposing that a single means of accessing treatment and support is developed across all alcohol and drug services. It is envisaged that this approach will involve:
- A single referral form / set of information required at referral.
 - A single triage assessment form that can be completed by any competent worker within the service system and lead to the service user starting treatment in the right service.
 - A single case allocation process. This means that any competent worker who has completed the triage assessment with a client / patient can support them to access the right service.
- 8.6 The single means of access will not necessarily look to reduce the number of referral points into the system of care. There is clear recognition that there may need to be separate points of access for people with alcohol problems and drug problems. Organisations would continue to be able to accept referrals from a range of sources, however a consistent and joined up approach to triage and case allocation will ensure that people receive the right service at the right time, no matter where they access the system.
- 8.7 This approach will be supported by the development of clear and well advertised access criteria for all services across the system. Alongside

this the approach will be support by relevant information sharing protocols between key organisations. These will ensure that clients / patients continue to receive a confidential service in line with public protection requirements.¹²

- 8.8 Where possible the EADP intends to reduce the administration required to support the referral process. Consequently it is looking to roll out the drop-in clinic model of access that already exists in North East Edinburgh, in the place of an appointment based system. This means that clients / patients can drop-in to services to receive an assessment and access treatment as opposed to attending at a specific time.
- 8.9 It is anticipated that this approach will be well advertised and in the majority of cases this will improve access and reduce waiting times for treatment and support services. However it is recognised that certain groups of people will not be able to access a drop-in due to child care, chaotic lifestyle and other personal issues, consequently alternative arrangements will be needed for certain groups. This will include appointment based home visits and joint assessments where they are deemed appropriate. Access will be monitored through the regular review of monitoring data as well as the use of Equality Impact Assessments where needed.

Providing Coordinated Care

- 8.10 People with alcohol and drug problems are likely to have other significant problems to address in their lives. This might include difficulties with relationships, housing problems, mental health issues and lack of opportunity within the employment market. People are likely to prioritise addressing these problems at different stages in their recovery journey at a time and a level which suits their capacity to recover. Consequently coordinated care is a central part of a recovery oriented system as it supports individuals to access the services they need across the spectrum of support services to move on and into sustained recovery.
- 8.11 It is recognised that recovery should be self directing and empowering and where possible service users should be supported to coordinate their own care. The EADP is proposing the following principles for all services to ensure that care is coordinated:
- 8.12 ***A clear structure to the system of care*** – There needs to be an appropriate number of organisations involved in the delivery of alcohol and drug treatment and support services, if care is to be coordinated. There are currently 32 different services, managed by 16 organisations delivering treatment and support services to service users in Edinburgh. Within this some services are citywide with separate alcohol and drug teams or focus, while others are locality based. In its current set up this may lead to unnecessary barriers for clients / patients accessing services.

¹² For further information on information sharing in relation to safeguarding adults and children please see:

http://www.edinburgh.gov.uk/info/20199/adults_and_children_at_risk_of_harm/800/adult_protection/1

- 8.13 The system of care will need an appropriate number of providers delivering within a coordinated framework. The number of providers and their role needs to be appropriate to the increase in personalised services, the needs of communities, the system of care and the level of investment available. As a consequence EADP will need to benchmark all services against the Commissioning Plan to identify how they can deliver in line with the plan. This will include the identification of duplication, level of existing performance, the level of provision (locality or citywide provision, provision type (alcohol or drugs)). This approach will apply to services provided by the public and third sector
- 8.14 EADP will continue to support the development of closer working amongst the third sector by supporting the Coalition of Alcohol and Drug Agencies in Lothian¹³ and giving it a clear reporting mechanism into the EADP Executive Group. This group should provide the forum for the third sector to respond to the challenges laid out in this Commissioning Plan
- 8.15 **Outcome driven services** – this requires services to be focussed on achieving a set of outcomes with service users. Once service users have achieved these outcomes over a sustained period consideration should be given to supporting people to move onto other more appropriate provision to support their recovery journey. Again to safeguard access for more complex clients services will need clear access and exit criteria which are well advertised to service users and other service providers.
- 8.16 The outcomes selected will be taken from those listed in section 5.18. These outcomes are broad enough to be measured through different indicators which will reflect the personal achievements of service users.
- 8.17 Whilst problem alcohol / drug use needs to be seen as episode in people's lives. it is accepted that recovery is not a linear process and that relapse needs to be seen as a part of the recovery journey. As a result services will need to work proactively with relapse to ensure that gains achieved are not minimised. Access and completion of a programme will not always be a linear process. Some people will need to access services more than once and others may need to access more than one service at one time to get the support they need to support and sustain their recovery journey. Outcome measurement needs to reflect this.
- 8.18 **Appropriate multi-agency arrangements** – arrangements will need to be developed between services to coordinate people's care where the timing of the delivery of particular services is deemed crucial to achieving identified outcomes. In many instances this can be coordinated through effective partnership working.
- 8.19 However further work is needed in Edinburgh to better support service users to sustain their recovery when they have undergone a residential or community detox and/or when they completed a residential rehabilitation

¹³ Further information on the Coalition of Alcohol and Drug Agencies in Lothian is available on the EADP website (www.edinburghADP.org.uk)

programme. A limited set of local data suggests high referral rates to identified clinical services.

- 8.20 This is a complex area of work as people present with a wide range of problems and care needs to be coordinated across a number of services. Timing is also crucial as gaps between detox and residential rehab or other psychosocial support can lead to relapse.
- 8.21 EADP intends to apply a LEAN approach to finding innovative solutions to partnership working in this area. The approach developed should clearly set out how this group of service users will achieve the outcomes identified in section 5.18.
- 8.22 **Care Coordination** – It is recognised that most service users will require a care coordinator to support them through their treatment journey and possibly beyond. The care coordinator needs to be clearly identified to the client / patient and based within a service which will be able to support the service user for the length of their treatment journey. The Coordinator will also need to carry out other work with the client / patient which will help them in their recovery journey.
- 8.23 **Case Management** – Some service users whose needs are complex or whose needs are rapidly changing will require intensive Case Management. Ideally this should be through a qualified professional with the appropriate level of skill, training, understanding and access to resource.
- 8.24 EADP will look to commission services that ensure that service users receive an appropriate level of Case Management or Care Coordination. However this will include the principle that care needs to be coordinated through the length of people's treatment journey.
- 8.25 Where they are present families and carers will be seen as equal partners in the care of the service user. Consequently they should be appropriately involved in the care provided. Evidence suggests that this will lead to improved outcomes for both service users and their families in terms of sustaining their recovery. Family members and carers will be supported to access services and personalised support which meets their needs and enables them to manage their caring role with confidence.
- 8.26 **The role of alcohol and drug services** - sustained recovery is dependent on people making changes in their lifestyle and social functioning as well as changes to their social identity. Alcohol and drug treatment and support services have a clear role to play in supporting people to stabilise their housing situation, improve their employment prospects, broaden their social networks where this is needed to support recovery.
- 8.27 Best (2010) notes that recovery relies on timely access to recovery-compatible housing, training, education and employment support and peer based recovery systems.

- 8.28 Consequently we will commission services that look to do the following:
- Stabilise people's housing situation and refer on to appropriate housing services.
 - Encourage employability from day one, believing that one day having a job is beyond no-one. Commissioned services will work closely with the new neighbourhood hubs to be created by the Edinburgh Strategic Skills Pipeline Project.
 - Support individuals as members of a family. This includes involving carers and other family members appropriately in the development of care plans and signpost to specialist support as required. Particular attention needs to be paid to the needs of children; services will work within GIRFEC to ensure that children whose parents have alcohol and drug problems have their needs met.
- 8.29 The EADP will continue to invest in services for carers of problem alcohol and drug users. It will need to explore a number of approaches to increasing the capacity to respond to these needs by developing peer support and other volunteer based approaches.
- 8.30 **Strong recovery communities** – Communities that support recovery may be personal to the individual however many people will want to establish new friends, social and support networks amongst others who are in recovery. Evidence suggests that currently 58% of people with lifetime dependence will achieve lifetime recovery¹⁴. It is estimated that sustaining recovery goals remains a constant challenge for many people following completion of treatment and aftercare. As a consequence many will see supporting others in sustaining their recovery as a key part of sustaining their own recovery.
- 8.31 The development of a recovery community has started already in Edinburgh with a number of social, recreational and other activities developing for people who have achieved abstinence. EADP needs to continue to support the development of this recovery community and ensure there is a focal point in the city to support people to maintain their abstinence. Further work may also be needed to include former stimulant users who may require separate support mechanisms to sustain their recovery.
- 8.32 EADP will undertake further work to identify the kind of model and approach which would support people who are in methadone assisted recovery. Separately EADP will also explore similar approaches to those who have achieved controlled drinking. Within all approaches to supporting people to sustain their recovery, consideration needs to be given to supporting people to accessing mainstream activities that are not specific to those in recovery.
- 8.33 **Peer Support** – It is often said that both professionals and service users do not see or meet people who have moved into sustained recovery. This is partly due the distance that people in sustained

¹⁴ Best (2010) Digesting the evidence.

recovery choose to put between themselves and their old identity as a problem alcohol / drug user. It is also due to the unintentional distance that currently exists between some treatment and support services and the recovery community (peer support, mutual aid and other activities for those in recovery). This appears to be a national phenomenon, however Edinburgh has some examples of good practice that bring these areas of delivery together.

- 8.34 The development of peer support within treatment and support services has already started in Edinburgh. This needs to be developed to encompass all areas of delivery. The model will vary across services depending on the services provided and means of delivery. However peer supporters need to be well trained and require close supervision to ensure they keep well and sustain their own recovery as well as support others in their recovery journey. Research also suggests that peers should not be managed by treatment and support services, especially treatment facilities which they attended as service users, as this can cause difficulties over the role and expectations of these volunteers.
- 8.35 There are already good examples of how peer supporters are involved in service delivery. EADP is keen to develop this approach so those involved in peer support receive an agreed level of training as well as an agreed level of supervision. There also needs to be clear roles for peer supporters within individual services.
- 8.36 **Mutual Aid** - there is strong evidence for the efficacy of Alcoholics Anonymous (AA), and smaller evidence for Narcotics Anonymous (NA) and Smart Recovery. Mutual aid needs to be seen as a key part of the system of care for people with alcohol and drug problems and recognised as an option for some at the point of assessment. There are already a significant number of AA, NA and CA meetings in Edinburgh; further work is needed to support the development of Smart Recovery.
- 8.37 Best (2010) notes that the addition of one abstinent person to a social network increases the probability of abstinence by 27%¹⁵. EADP will continue to support the development of an abstinence based recovery community. It will also look to facilitate the development of a methadone assisted recovery community linked to treatment and recovery services.

¹⁵ See10

Appendix 2: Role of the Check Point Group



EADP Commissioning Plan: Commissioning for Recovery

Role of the Check Point Group

Check point Group Remit

The purpose of the Check Point Group is to ensure EADP carries out effective consultation with key stakeholders on the EADP commissioning plan 2012-15: Commissioning For Recovery.

The group will:

- Advise on stakeholder engagement
- Support the development and implementation of the Engagement, Consultation and Communication Plan
- Monitor the effectiveness of the consultation
- Comment and advise on the Equalities Impact Assessment and ensure this relates to the Communications Plan

The group will consider any concerns from stakeholders on the consultation process. This will be done by:

- Feedback concerns on the process at regular Checkpoint Group meetings and agree courses of action
- Review and comment on progress reports to the group
- Seeking and feeding back views of identified communities / services and other target groups identified in the Communication Plan.

Formation of the Group

The group has been set up at the request of the EADP Joint Commissioning Group. Membership has been sought from the voluntary and statutory service providers, service user representatives, carer organisations. (The Checkpoint group may identify further membership)

The group will be chaired by Mark Bitel, National Support Coordinator (Substance Misuse)

EADP Joint Programme Manager & Communications Officer will support the group and participate on an *ex-officio* basis.

Membership

Name	Role	Representing / Role
Mark Bitel	National Support Coordinator, Scottish Govt	Chair
Seb Fischer	Chief Exec, Vocal	Carer organisations
Ricky Dover	Commissioning Manager	Children and Families

Commissioning for Recovery

Name	Role	Representing / Role
Danny Campbell	CDAAL Chair	Voluntary Sector Alcohol & Drug Services
Geoff Brown	Senior Project Manager	Services for Communities
Ian Burns	Clinical Nurse Lead	NHS Lothian
Kaaren Haughton	Sector Service Manager	Health and Social Care
Sean McCollum	Scottish Drugs Forum	Service Users

Appendix 3: Results from the Consultation Survey

Response	Overall Number	Overall %	Agree / Disagree
Question 1: Do you agree with the definition of recovery			
Strongly agree	43	41%	91%
Agree	53	50%	
Neither agree / disagree	7	7%	7%
Disagree	2	2%	3% ¹⁶
Strongly disagree	1	1%	
TOTAL	106		
Question 2: Do you agree with the supporting outcomes proposed in the commissioning plan?			
Strongly agree	18	17%	68%
Agree	54	51%	
Neither agree / disagree	12	11%	11%
Disagree	19	18%	21%
Strongly disagree	3	3%	
TOTAL	106		
Question 3: Do you agree that there should be stronger emphasis on commissioning outcomes with responsibility for service design sitting with service providers rather than commissioners?			
Strongly agree	36	34%	62%
Agree	30	28%	
Neither agree / disagree	27	25%	27%
Disagree	10	9%	12%
Strongly disagree	3	3%	
TOTAL	106		
Question 4: Do you agree that these are the right outcomes to measure sustained recovery from problem alcohol / drug use?			
Strongly agree	32	30%	85%
Agree	58	55%	
Neither agree / disagree	10	9%	9%
Disagree	4	4%	6%
Strongly disagree	2	2%	
TOTAL	106		
Question 5: Do you think that these are the most significant gaps within current service provision?			
Strongly agree	32	30%	78%
Agree	51	48%	
Neither agree / disagree	14	13%	13%
Disagree	8	8%	8%
Strongly disagree	1	1%	
TOTAL	106		
Question 6: Do you agree there should be a single means of access?			
Strongly agree	32	30%	62%
Agree	34	32%	
Neither agree / disagree	22	21%	21%
Disagree	16	15%	17%
Strongly disagree	2	2%	
TOTAL	106		

¹⁶ All percentages are to whole numbers. As a consequence percentages do not always add up to 100%.

Question 7: Do you think that a reduction in the number of services that are accountable to the EADP for service provision will improve the pathways of care?			
Strongly agree	22	21%	36%
Agree	16	15%	
Neither agree / disagree	27	25%	25%
Disagree	27	25%	39%
Strongly disagree	14	13%	
TOTAL	106		
Question 8: Do you agree that outcome driven services will improve care coordination?			
Strongly agree	29	27%	65%
Agree	40	38%	
Neither agree / disagree	18	17%	17%
Disagree	15	14%	18%
Strongly disagree	4	4%	
TOTAL	106		
Question 9: Do you agree that we need multi-agency panels in these instances?			
Strongly agree	30	28%	64%
Agree	38	36%	
Neither agree / disagree	27	25%	25%
Disagree	10	9%	10%
Strongly disagree	1	1%	
TOTAL	106		
Question 10: Do you agree with the model of care coordination being proposed?			
Response	Overall Number	Overall %	Agree / disagree
Strongly agree	30	28%	76%
Agree	51	48%	
Neither agree / disagree	20	19%	19%
Disagree	4	4%	5%
Strongly disagree	1	1%	
TOTAL	106		
Question 11: Do you agree with the approach outlined will lead to strong recovery communities?			
Strongly agree	27	26%	57%
Agree	33	32%	
Neither agree / disagree	27	26%	26%
Disagree	10	10%	16%
Strongly disagree	7	7%	
TOTAL	104		

